Case 21-41300-drd7 Doc 49 Filed 05/05/22 Entered 05/05/22 16:13:09 Desc Main Document Page 1 of 54

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Western District of Missouri

In	re	Christopher V Hannah R. Ho				Case No.	21-41300	
					Debtor(s)	 Chapter	13	
1.	cor	rsuant to 11 U .S.0	C. § 3.	29(a) and Fed. Bankr. P. 20 within one year before the f	PENSATION OF ATTO 116(b), I certify that I am the attorn illing of the petition in bankruptcy, on of or in connection with the bar	ney for the above nar or agreed to be paid	ned debtor(s) and t	
	be.							
		•		·	ed		3,600.00 0.00	
							3,600.00	
2.	Th			sation paid to me was:		v	3,000.00	
		■ Debtor		Other (specify):				
3.	The	e source of compe	ensatio	on to be paid to me is:				
		■ Debtor		Other (specify):				
4.	-	I have not agree	d to sł	hare the above-disclosed co	mpensation with any other person	unless they are mem	bers and associates	s of my law firm.
					ensation with a person or persons v names of the people sharing in the			y law firm. A
5.	In	return for the abo	ve-dis	sclosed fee, I have agreed to	o render legal service for all aspect	s of the bankruptcy	case, including:	
	b. c.	Preparation and f	filing of the c	of any petition, schedules, s debtor at the meeting of cre	ndering advice to the debtor in det statement of affairs and plan which ditors and confirmation hearing, an	may be required;	-	nnkruptcy;
6.	Ву	Represen Does not For post-	tatio inclu confi	n of the debtors in adve ide services rendered p rmation services not lis	fee does not include the following ersary proceedings, objection oost-confirmation of plan for f sted in Local Rule 2016-1 E, a vill file a Motion for Approval	ns to discharge or iling pleadings lis nd not otherwise	sted in Local Ru required by the	le 2016-1 E.
					CERTIFICATION			
this		ertify that the fore kruptcy proceedir		g is a complete statement of	any agreement or arrangement for	payment to me for i	representation of th	e debtor(s) in
	Apr	il 15, 2022			/s/ Ryan A. Blay			
	Date	е			Ryan A. Blay KS- Signature of Attorne			
					Signature of Attorne WM Law, PC	E.V		
					15095 West 116th			
					Olathe, KS 66062 (913) 422-0909 F		9	
					blay@wagonergi Name of law firm		-	
					Tranic of tan filli			

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Fill in this infor						
Debtor 1	Christopher W. H	Christopher W. Hollister				
	First Name	Middle Name	Last Name			
Debtor 2	Hannah R. Hollist	er				
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT (OF MISSOURI			
Case number	21-41300					
(if known)					☐ Check if this is an amended filing	

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	28,339.4
	1c. Copy line 63, Total of all property on Schedule A/B	\$	28,339.4
Par	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	3,652.72
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	32,624.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	66,590.47
	Your total liabilities	\$	102,867.25
⊃ar	t 3: Summarize Your Income and Expenses		
١.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	5,182.66
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,201.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
3.	Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
	■ Yes		

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

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Debtor 1	Christopher W. Hollister	o	
	Hannah R Hollister	Case number (if known) 21-41300	

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cla	aim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	32,624.06
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	32,624.06

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Ous	C 21 41000 dia7	Document Pa	ge 4 of 54	.0.10.00	7030 Main
Fill in this info	ormation to identify your ca				
Debtor 1	Christopher W. Hol	lister		7	
	First Name	Middle Name Last N	ame		
Debtor 2	Hannah R. Hollister				
(Spouse, if filing)	First Name	Middle Name Last N	ame		
United States	Bankruptcy Court for the:	ESTERN DISTRICT OF MISSOURI			
Case number	21-41300				☐ Check if this is an
					amended filing
Official F	orm 106A/B				
_	·	4×			
	ıle A/B: Prope				12/15
		ems. List an asset only once. If an asse as possible. If two married people are fil			
information. If m Answer every qu		separate sheet to this form. On the top o	f any additional pages, write you	ır name and case r	number (if known).
Part 1: Descri	be Each Residence, Building, L	and, or Other Real Estate You Own or H	ave an Interest In		
1. Do you own o	or have any legal or equitable in	terest in any residence, building, land, o	or similar property?		
■ No. Go to F	Part 2				
	re is the property?				
_ 100. Wildi	o to the property.				
Part 2: Descri	be Your Vehicles				
Do you own, le	ease, or have legal or equita	able interest in any vehicles, wheth	er they are registered or not	? Include any veh	icles you own that
someone else	drives. If you lease a vehicle,	also report it on Schedule G: Executo	ry Contracts and Unexpired Le	ases.	
3. Cars, vans,	trucks, tractors, sport utilit	y vehicles, motorcycles			
□ No					
_					
■ Yes					
2.4 Make	Ford	Miles has an interest in the man			
3.1 Make:	Escape 4D Sport Utility	Who has an interest in the prop	DO HOL O		ns or exemptions. Put claims on <i>Schedule D:</i>
Model:	SE SE	Debtor 1 only			Secured by Property.
Year:	2015	Debtor 2 only	Current	t value of the	Current value of the
Approxir	nate mileage: 90,00	Debtor 1 and Debtor 2 only			portion you own?
	formation:	At least one of the debtors and	another		
VIN: 1	FMCU0999FUC88619	☐ Check if this is community p	roperty	\$13,751.25	\$13,751.25
Carma	x offered \$10,500 on	(see instructions)		· 	
)22 with 96,814				
Value	below is 95% of NADA				
	Retail with updated				
	e (\$14,475)				

Official Form 106A/B Schedule A/B: Property page 1 Case 21-41300-drd7 Doc 49 Filed 05/05/22 Entered 05/05/22 16:13:09 Desc Main Document Page 5 of 54

Debt Debt		hristopher W. Hollister annah R. Hollister		Case number (if known)	21-41300
3.2	Model:	Chrysler 200 4D Sedan S	Who has an interest in the property? Check one	the amount of any	ured claims or exemptions. Put secured claims on <i>Schedule D:</i> ve Claims Secured by Property.
	Year:	2015	Debtor 2 only	Current value of	
		nate mileage: 67500	Debtor 1 and Debtor 2 only	entire property?	portion you own?
		ormation:	At least one of the debtors and another		
	VIN 1C	3CCCBB7FN682119	☐ Check if this is community property	\$15,128	3.75 \$7,564.38
		x offer on 3/26/22 was 0 with 72,248 miles	(see instructions)		
	Clean	pelow is 95% of NADA Retail with that updated e (\$15,925)			
Ex			and other recreational vehicles, other vehicles, vatercraft, fishing vessels, snowmobiles, motorcyc		
5 A	dd the do	ollar value of the portion you on have attached for Part 2. Writ	wn for all of your entries from Part 2, including e that number here	any entries for =>	\$21,315.63
Part	3: Descri	be Your Personal and Household	Items		
·			interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
E		goods and furnishings Major appliances, furniture, liner scribe	ns, china, kitchenware		
			kitchen table/chairs, couch, recliner, love ers, washer, dryer, misc. household items		\$2,000.00
		rug, bunk bed lost/stolen), m	s, end tables, Samsung Galaxy watches (isc. items	currently	\$1,500.00
E		Televisions and radios; audio, v including cell phones, cameras,	ideo, stereo, and digital equipment; computers, pri media players, games	nters, scanners; music c	ollections; electronic devices
		3 TV's (72"; 5	5"; 40"), cell phones, old Playstation 4		\$800.00
E			s, prints, or other artwork; books, pictures, or other collectibles	art objects; stamp, coin	or baseball card collections;
	Yes. De	scribe			
Ε		for sports and hobbies Sports, photographic, exercise, musical instruments	and other hobby equipment; bicycles, pool tables,	golf clubs, skis; canoes	and kayaks; carpentry tools;

Official Form 106A/B Schedule A/B: Property page 2

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		ister		Case number (if known)	21-41300
. Describe					
nples: Pistols, rifles	s, shotgur	ns, ammunition, and re	lated equipment		
. Describe					
<i>iples:</i> Everyday cl	othes, fur	s, leather coats, desigi	ner wear, shoes, accessories		
. Describe					
	Miscel	llaneous Clothing			\$300.00
pples: Everyday je	welry, cos	stume jewelry, engagel	ment rings, wedding rings, heirlod	om jewelry, watches, gems, ç	gold, silver
				ume jewelry	\$400.00
pples: Dogs, cats,	birds, hor	ses			
	2 cats	no value			\$0.00
. Give specific inf	ormation.	 our entries from Par	t 3, including any entries for pa		\$5,000.00
art 3. Write that	numberi	iere			
			ay of the following?		Current value of the
wii oi iiave aliy i	egal of e	quitable illerest ill ai	iy or the following:		portion you own? Do not deduct secured claims or exemptions.
	·	•	e, in a safe deposit box, and on h	nand when you file your petiti	on
<i>ples:</i> Checking, s					nouses, and other similar
			Institution name:		
	17.1.	Checking	Bank of the West		\$50.00
	Hannah R. H Describe Describe Describe Describe Proples: Everyday clar Describe Describe Describe Describe Try pples: Everyday jet Describe Describe Try pples: Dogs, cats, Describe Describe The dollar value Part 3. Write that Describe Your Finant With the dollar value Part 3. Write that Describe Your Finant With the dollar value Part 3. Write that Describe Your Finant With the dollar value Part 3. Write that Describe Your Finant With the dollar value Part 3. Write that Describe Your Finant With the dollar value Part 3. Write that Describe Your Finant With the dollar value Part 3. Write that Describe Your Finant With the dollar value Part 3. Write that	Hannah R. Hollister Describe Describe Describe Describe Miscel Miscel Ty Ipples: Everyday clothes, fur Describe 14k wi weddi arm animals Ipples: Dogs, cats, birds, hor Describe 2 cats ther personal and housel Give specific information. the dollar value of all of yeart 3. Write that number is escribe Your Financial Asset wn or have any legal or e	ms ples: Pistols, rifles, shotguns, ammunition, and resples: Pistols, rifles, shotguns, ammunition, and resples: Everyday clothes, furs, leather coats, design and ples: Everyday jewelry, costume jewelry, engage arm animals aples: Dogs, cats, birds, horses Describe 2 cats. no value ther personal and household items you did not a give specific information the dollar value of all of your entries from Par Part 3. Write that number here	Hannah R. Hollister Describe ms sples: Pistols, rifles, shotguns, ammunition, and related equipment Describe Bas sples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Describe Miscellaneous Clothing ry pyles: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirlo Describe 14k white gold wedding rings w 1/4c diamond wedding band, earrings with cz stones, watch, cost arm animals sples: Dogs, cats, birds, horses Describe 2 cats. no value ther personal and household items you did not already list, including any he art 3. Write that number here	Hannah R. Hollister Describe ms pples: Pistols, rifles, shotguns, ammunition, and related equipment Describe Describe ms pples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Describe Miscellaneous Clothing ry pples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, g Describe 14k white gold wedding rings w 1/4c diamond wedding band, earrings with cz stones, watch, costume jewelry arm animals pples: Dogs, cats, birds, horses Describe 2 cats, no value ther personal and household items you did not already list, including any health aids you did not list Give specific information the dollar value of all of your entries from Part 3, including any entries for pages you have attached art 3. Write that number here sescribe Your Financial Assets wn or have any legal or equitable interest in any of the following? pples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petitions the property of the policy of the policy of the policy of the policy institutions. If you have multiple accounts with the same institution, list each.

Official Form 106A/B

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Debtor Debtor		Christophe Hannah R.			Case number (if known)	21-41300	
20210.	_	Tiailiaii IX.	Tiomster			caceazer (# Natown)	
			17.3.	online checking	Chime - opened post-p	petition	\$0.00
			17.4.	online checking	Chime - opened post-p	petition	\$0.00
				cly traded stocks ent accounts with bro	okerage firms, money market acco	ounts	
■N				Institution or issuer r	name:		
			stock and		orated and unincorporated busi	nesses including an interes	t in an LLC partnership and
	nt ve	enture	otook una	microsto in moorpe	orated and animoorporated basis	mosco, morading an interes	t in an 220, partitoromp, and
		Give specific i		about them me of entity:		% of ownership:	
Ne	egotia on-ne	able instrumen	ts include _l	personal checks, cas	ntiable and non-negotiable instructions of the control of the cont	and money orders.	
ПΥ	'es. (Give specific ir		about them uer name:			
Ex. □ N	ampi Io	nent or pension les: Interests in List each acco	n IRA, ERI unt separa	SA, Keogh, 401(k), 401	.03(b), thrift savings accounts, or c	other pension or profit-sharing	plans
			,,	of account:	Institution name:		
			401K	(plan	Bank of the West		\$373.82
Yo Exa ■ N	our sh ampi lo		sed deposi	ts you have made so	that you may continue service or public utilities (electric, gas, water Institution name or individu), telecommunications compar	nies, or others
			for a perio	dic payment of mone	ey to you, either for life or for a nun	mber of years)	
■ N	ю	,	•	ne and description.		,	
24. Inte	rest	s in an educa	tion IRA, i	·	ualified ABLE program, or unde	er a qualified state tuition pro	ogram.
■ N □ Y			Institution i	name and description	n. Separately file the records of an	y interests.11 U.S.C. § 521(c)	
25. Tru ■ N		equitable or	future inte	rests in property (of	ther than anything listed in line	1), and rights or powers exe	ercisable for your benefit
		Give specific i	nformation	about them			
Ex	amp				nd other intellectual property ds from royalties and licensing ag	reements	
■ N □ Y		Give specific i	nformation	about them			
Ex	amp			er general intangible slusive licenses, coop	es perative association holdings, liquo	or licenses, professional licens	es
■ N □ Y		Give specific i	nformation	about them			

Schedule A/B: Property

Debt		ase 21-41300-drd7 Christopher W. Hollister		Entered 05 age 8 of 54	/05/22 16:13:09	Desc Main
Debt		Hannah R. Hollister		Ca	ase number (if known)	21-41300
Mone	ey or p	property owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
	No	unds owed to you				
-	Yes. (Give specific information about	them, including whether you already	filed the returns and	the tax years	
			2021 state and federal tax re debtor will receive post than \$2,000 and bankru portion is approximatel	-petition. Less ptcy estate's	Federal & State	\$1,600.00
E	Exampi No	support les: Past due or lump sum alim Give specific information	ony, spousal support, child support, n	naintenance, divorce	e settlement, property s	ettlement
E	Examp	mounts someone owes you les: Unpaid wages, disability in benefits; unpaid loans you Give specific information	surance payments, disability benefits made to someone else	, sick pay, vacation _l	oay, workers' compens	eation, Social Security
		ts in insurance policies les: Health, disability, or life ins	urance; health savings account (HSA); credit, homeowne	r's, or renter's insuranc	e
	Yes. I	Name the insurance company o Company		Beneficiary	:	Surrender or refund value:
l S	f you a someor No		you from someone who has died list, expect proceeds from a life insura	nce policy, or are cι	ırrently entitled to recei	ve property because
33. C	laims ≣xampi No	against third parties, whethe les: Accidents, employment dis	r or not you have filed a lawsuit or putes, insurance claims, or rights to s		r payment	
	Yes.	Describe each claim	Potential claim against party r obligation for improper claims Debtor has not retained family	on prior tax refu		Unknown
			Potential claim against John Notes claims pertaining to back child \$35,000. Debtor does not kno	d support. He ov	ves at least	Unknown

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

■ No

 $\hfill \square$ Yes. Describe each claim.......

35. Any financial assets you did not already list

■ No

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Debtor 1 Debtor 2	Christopher W. Hollister Hannah R. Hollister		Case number (if known)	21-41300
☐ Yes.	. Give specific information			
	the dollar value of all of your entries from Part 4, includir			\$2,023.82
Part 5: De	escribe Any Business-Related Property You Own or Have an Inte	rest In. List any real est	ate in Part 1.	
	own or have any legal or equitable interest in any business-relat	ted property?		
No. G	to to Part 6.			
☐ Yes.	Go to line 38.			
	escribe Any Farm- and Commercial Fishing-Related Property You you own or have an interest in farmland, list it in Part 1.	u Own or Have an Intere	st In.	
46. Do yo	u own or have any legal or equitable interest in any farm-	- or commercial fishir	ng-related property?	
■ No	. Go to Part 7.			
☐ Ye	s. Go to line 47.			
	_			
Part 7:	Describe All Property You Own or Have an Interest in That Yo	u Did Not List Above		
	u have other property of any kind you did not already list	?		
	ples: Season tickets, country club membership			
■ No	Ohn and if a late and the			
⊔ Yes.	. Give specific information			
54. Add	the dollar value of all of your entries from Part 7. Write th	nat number here		\$0.00
	·			
Part 8:	List the Totals of Each Part of this Form			
55. Part	1: Total real estate, line 2			\$0.00
56. Part	2: Total vehicles, line 5	\$21,315.63		
57. Part	3: Total personal and household items, line 15	\$5,000.00		
58. Part	4: Total financial assets, line 36	\$2,023.82		
59. Part	5: Total business-related property, line 45	\$0.00		
60. Part	6: Total farm- and fishing-related property, line 52	\$0.00		
61. Part	7: Total other property not listed, line 54 +	\$0.00		
62. Tota	I personal property. Add lines 56 through 61	\$28,339.45	Copy personal property t	otal \$28,339.45
63. Tota	Lof all property on Schedule A/B Add line 55 + line 62			\$28 339 <i>4</i> 5

Official Form 106A/B Schedule A/B: Property page 6

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Fill in this infor	mation to identify your	case:	V	
Debtor 1	Christopher W. H	ollister		
	First Name	Middle Name	Last Name	
Debtor 2	Hannah R. Hollist	ter		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT (OF MISSOURI	
Case number	21-41300			
(if known)				☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify the Property You Claim as Exempt

Рa	identify the Property You Claim as Ex	xempt					
1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.						
	■ You are claiming state and federal nonbank	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)			
	☐ You are claiming federal exemptions. 11 U	J.S.C. § 522(b)(2)					
2.	For any property you list on Schedule A/B	that you claim as exe	mpt,	fill in the information below.			
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption		
	ocheane AB and lists and property	Copy the value from Schedule A/B	Che	ck only one box for each exemption.			
	2015 Ford Escape 4D Sport Utility SE 90.000 miles	\$13,751.25		\$3,000.00	RSMo § 513.430.1(5)		
	VIN: 1FMCU0999FUC88619			100% of fair market value, up to any applicable statutory limit			
	Carmax offered \$10,500 on 3/26/2022 with 96,814			any applicable statutory limit			
	Value below is 95% of NADA Clean Retail with updated mileage (\$14,475) Line from <i>Schedule A/B</i> : 3.1						
	2015 Chrysler 200 4D Sedan S 67500 miles	\$7,564.38		\$3,000.00	RSMo § 513.430.1(5)		
	VIN 1C3CCCBB7FN682119			100% of fair market value, up to any applicable statutory limit			
	CarMax offer on 3/26/22 was \$11,500 with 72,248 miles			a.,, app.,			
	Value below is 95% of NADA Clean Retail with that updated mileage (\$15,925) Line from Schedule A/B: 3.2						

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btor 1 btor 2	Christopher W. Hollister Hannah R. Hollister			Case number (if known)	21-41300
	description of the property and line on dule A/B that lists this property	Current value of the portion you own Copy the value from		ount of the exemption you claim	Specific laws that allow exemption
		Schedule A/B	One	on only one box for each exemption.	
cou	room set, kitchen table/chairs, ch, recliner, loveseat, 2 beds, 2	\$2,000.00	•	\$2,000.00	RSMo § 513.430.1(1)
hous	ssers, washer, dryer, misc. sehold items from <i>Schedule A/B</i> : 6.1			100% of fair market value, up to any applicable statutory limit	
	/'s (72"; 55"; 40"), cell phones, Playstation 4	\$800.00		\$800.00	RSMo § 513.430.1(1)
	from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	
	cellaneous Clothing	\$300.00		\$300.00	RSMo § 513.430.1(1)
Line	nom concade 772. TTT			100% of fair market value, up to any applicable statutory limit	
	white gold wedding rings w 1/4c	\$400.00	•	\$400.00	RSMo § 513.430.1(2)
wed ston	ding band, earrings with cz nes, watch, costume jewelry from Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit	
	white gold wedding rings w 1/4c	\$400.00		\$0.00	RSMo § 513.430.1(2)
wed ston	ding band, earrings with cz nes, watch, costume jewelry from Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit	
	Checking: Bank of the West ine from Schedule A/B: 17.1	\$50.00		\$50.00	RSMo § 513.430.1(3)
LIIIC	nom deficulte A/B. TTT			100% of fair market value, up to any applicable statutory limit	
	ney Market: Bank of the West	\$0.00		\$0.00	RSMo § 513.430.1(3)
LIIIO	Tolli Gonedale 77 B. TT.2			100% of fair market value, up to any applicable statutory limit	
	K plan: Bank of the West from Schedule A/B: 21.1	\$373.82		\$373.82	RSMo § 513.430.1(10)(f)
2.1.10				100% of fair market value, up to any applicable statutory limit	
	eral & State: 2021 state and eral tax refunds - joint debtor will	\$1,600.00	•	\$600.00	RSMo § 513.430.1(3)
rece \$2,0 port	ive post-petition. Less than 00 and bankruptcy estate's ion is approximately 80% from Schedule A/B: 28.1			100% of fair market value, up to any applicable statutory limit	
(Sub)	you claiming a homestead exemption of ject to adjustment on 4/01/25 and every 3 No Yes. Did you acquire the property covered No Yes	3 years after that for ca	ises fi	,	,

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		Document	Page 12	2 of 54		
Fill in this informa	ation to identify you	r case:				
Debtor 1	Christophor W. I	Hallistor				
Debior 1	Christopher W. I	Middle Name	Last Name			
Debtor 2	Hannah R. Hollis	ster				
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bank	cruptcy Court for the:	WESTERN DISTRICT OF MIS	SSOURI			
Office Otates Baris	auptoy Court for the.	WEGTERN DIGTRIOT OF WIRE	3000111			
Case number 21	-41300					
(if known)					☐ Check	if this is an
					ameno	led filing
Official Form	10CD					
Official Form						
Schedule D	D: Creditors	Who Have Claims	Secure	d by Property	y	12/15
		f two married people are filing toget out, number the entries, and attach it				
number (if known).	additional rage, illi it o	att, number the entries, and attach in	t to this form. O	on the top of any addition	iai pages, write your na	ille alla case
1. Do any creditors ha	ave claims secured by	your property?				
□ No. Check tl	his box and submit th	nis form to the court with your othe	er schedules. Y	ou have nothing else to	o report on this form.	
Yes Fill in a	all of the information b	relow		-		
		, siew.				
	Secured Claims			Column A	Column B	Column C
for each claim. If mor	e than one creditor has	nore than one secured claim, list the cr a particular claim, list the other credito al order according to the creditor's nar	ors in Part 2. As Î	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion
2.1 Nebraska F	urniture Mart	Describe the property that secures	the claim:	\$3,652.72	\$1,500.00	\$2,152.72
Creditor's Name		rug, bunk beds, end tables,	1			
		Samsung Galaxy watches (
		lost/stolen), misc. items				
PO Box 300		As of the date you file, the claim is apply.	: Check all that			
Omaha, NE	68103	☐ Contingent				
Number, Street, C	ity, State & Zip Code	Unliquidated				
	10.01	Disputed				
Who owes the debt	Check one.	Nature of lien. Check all that apply.				
Debtor 1 only			s mortgage or see	cured		
■ Debtor 2 only		_				
☐ Debtor 1 and Debt	•	Statutory lien (such as tax lien, me	echanic's lien)			
☐ At least one of the☐ Check if this claim		Judgment lien from a lawsuit	Purchase	Money Security		
community debt		Other (including a right to offset)	- ulcilase i	Wolley Security		
Date debt was incur	red	Last 4 digits of account num	mber <u>8945</u>			
	-	olumn A on this page. Write that nun the dollar value totals from all pages		\$3,65		
Write that number		ine donar value totals from all pages	>.	\$3,65	2.72	
Dovt 2: Liet Othe	us to De Notified for	o Daht That Val. Already Lister				
<u> </u>		r a Debt That You Already Listed				
trying to collect from than one creditor for	n you for a debt you ov	e notified about your bankruptcy for we to someone else, list the creditor you listed in Part 1, list the addition is page.	r in Part 1, and t	then list the collection ag	gency here. Similarly, if	you have more
	per, Street, City, State & MULLINIX, P.A.	Zip Code	On whi	ich line in Part 1 did you ei	nter the creditor? 2.1	

EVANS & MULLINIX, P.A. 7225 RENNER RD, STE 200 Shawnee, KS 66217

Last 4 digits of account number ____

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Fill	in this information to identify your case:					
De	btor 1 Christopher W. Hollister					
Da		dle Name Last Name				
	btor 2 Hannah R. Hollister buse if, filing) First Name Mid	dle Name Last Name				
Un	ited States Bankruptcy Court for the: WESTE	RN DISTRICT OF MISSOURI				
	se number 21-41300				_	if this is an
					amend	ed filing
Of	ficial Form 106E/F					
<u>Sc</u>	hedule E/F: Creditors Who Ha	ve Unsecured Claims	3			12/15
any Sch Sch eft. nam	es complete and accurate as possible. Use Part 1 fo executory contracts or unexpired leases that could edule G: Executory Contracts and Unexpired Lease edule D: Creditors Who Have Claims Secured by Practice. Attach the Continuation Page to this page. If you have and case number (if known).	result in a claim. Also list executor is (Official Form 106G). Do not inclu operty. If more space is needed, co ave no information to report in a Pa	ry contract de any cre by the Part	s on Schedule A/B: P ditors with partially s you need, fill it out, r	roperty (Official Fori ecured claims that a number the entries ir	n 106A/B) and on re listed in the boxes on the
	rt 1: List All of Your PRIORITY Unsecured					
1.	Do any creditors have priority unsecured claims at No. Go to Part 2.	gainst you?				
	Yes.					
2.	List all of your priority unsecured claims. If a credit identify what type of claim it is. If a claim has both prior possible, list the claims in alphabetical order according Part 1. If more than one creditor holds a particular claim.	rity and nonpriority amounts, list that c g to the creditor's name. If you have m	aim here a	nd show both priority a	nd nonpriority amount	s. As much as
	(For an explanation of each type of claim, see the instr	ructions for this form in the instruction	booklet.)	Total claim	Priority amount	Nonpriority amount
2.1	Family Support Division Priority Creditor's Name	Last 4 digits of account number	3947	\$12,108.79	\$12,108.79	\$0.00
	PO Box 2320 Jefferson City, MO 65102-2320	When was the debt incurred?				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	i s: Check a	ıll that apply		
	Debtor 1 only	☐ Contingent				
		☐ Unliquidated				
	☐ Debtor 2 only	☐ Disputed Type of PRIORITY unsecured cla	im:			
	Debtor 1 and Debtor 2 only					
	At least one of the debtors and another	Domestic support obligations				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Taxes and certain other debts your Delaims for death or personal inju		•		
	■ No	Other. Specify	-			
	☐ Yes					
2.2	Family Support Division	Last 4 digits of account number	4977	\$20,515.27	\$20,515.20	\$0.07
	Priority Creditor's Name PO Box 2320	When was the debt incurred?	-			
	Jefferson City, MO 65102-2320 Number Street City State Zip Code	As of the date you file, the claim	i s: Check a	ıll that apply		
	Who incurred the debt? Check one.	☐ Contingent		11.7		
	Debtor 1 only	☐ Unliquidated				
	Debtor 2 only	Disputed				
	☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	im:			
	☐ At least one of the debtors and another	■ Domestic support obligations				
	☐ Check if this claim is for a community debt	☐ Taxes and certain other debts y	ou owe the	government		
	Is the claim subject to offset?	Claims for death or personal inju		•		
	■ No	Other. Specify				
	☐ Yes					

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Debtor 1 Christopher W. Hollister

Debtor	² Hannah R. Hollister	Case number (if known) 21-41300	
Part 2:	List All of Your NONPRIORITY Unsecu	red Claims	
3. Do	any creditors have nonpriority unsecured claim	s against you?	
	No. You have nothing to report in this part. Submit t	this form to the court with your other schedules.	
_	Yes.		
uns	ecured claim, list the creditor separately for each clain one creditor holds a particular claim, list the other	alphabetical order of the creditor who holds each claim. If a creditor has more the aim. For each claim listed, identify what type of claim it is. Do not list claims already in- creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the	cluded in Part 1. If more
			Total claim
4.1	Acima Credit fka Simple	Last 4 digits of account number 2020	\$5,306.00
	Nonpriority Creditor's Name		
	9815 S. Monroe St., FI 4 Sandy, UT 84070	When was the debt incurred?	-
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other Specify Monies Ioan/advanced	
			-
4.2	Alliance Radiology	Last 4 digits of account number	\$192.00
	Nonpriority Creditor's Name		
	c/o Central States Recovery PO Box 3130	When was the debt incurred?	-
	Hutchinson, KS 67504-3130		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	_	
	Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other Specify Medical Services	
		Caron Opening	_

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	Tage 1 Christopher W. Hollister Hannah R. Hollister	Case number (if known) 21-41300	
4.3	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	\$465.35
	PO Box 30256 Salt Lake City, UT 84130	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other Specify credit card debt - Claim #26	
4.4	Cash4Whatever Nonpriority Creditor's Name	Last 4 digits of account number 5748	\$750.00
	6160 N. Cicero	When was the debt incurred?	
	Chicago, IL 60646		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Monies loaned/advanced	
4.5	Cashnet USA	Last 4 digits of account number 7241	\$600.00
	Nonpriority Creditor's Name	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	175 W Jackson Blvd, Ste. 100	When was the debt incurred?	
	Chicago, IL 60604-2863 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Oneok all that apply	
	Debtor 1 only	O continued	
		☐ Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Monies loaned/advanced	

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	1 Christopher W. Hollister 2 Hannah R. Hollister	Case number (if known) 21-41300	
4.6	Centerpoint Medical Center	Last 4 digits of account number	\$113.20
	Nonpriority Creditor's Name Resurgent Capital Services PO Box 1927	When was the debt incurred?	
	Greenville, SC 29602 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Proof of Claim #1	
4.7	Chapter 7 Trustee Janice Stanton Nonpriority Creditor's Name	Last 4 digits of account number	\$1,000.00
	Stanton & Redlingshafer, L.L.C 104 W. 9th St., Suite 303	When was the debt incurred? 2021-2022	
	Kansas City, MO 64105 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is: Check all that apply	
	Debtor 1 only	Continued.	
	Debtor 2 only	Contingent	
	_	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	■ No □ Yes	approximate administrative costs incurred during pendency of Chapter 7 proceeding	
	Comenity Capital Bank/Victoria's		
4.8	Secret Nonpriority Creditor's Name	Last 4 digits of account number 4274	\$572.67
	PO Box 182185 Columbus, OH 43218-2125	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify credit card debt	

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Debtor	2 Hannah R. Hollister	Case number (if known) 21-41300	
4.9	Jackson Drive Emergency Physicians	Last 4 digits of account number	\$1,211.00
	Nonpriority Creditor's Name c/o Phoenix Financial Services PO Box 361450	When was the debt incurred?	
	Indianapolis, IN 46236 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	• • • • • • • • • • • • • • • • • • • •	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.1	Jackson Drive Emergency		
0	Physicians	Last 4 digits of account number	\$674.00
	Nonpriority Creditor's Name c/o Nationwide Recovery System 501 Shelley Ste. 300	When was the debt incurred?	
-	Tyler, TX 75701 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical Services	
4.1	Jackson Drive Emergency		
1	Physicians	Last 4 digits of account number	\$970.00
	Nonpriority Creditor's Name c/o Halsted Financial Services PO Box 828 Skokie, IL 60077	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Medical Services	

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	or 1 Christopher W. Hollister Hannah R. Hollister	Case number (if known) 21-41300	
4.1	Jackson Drive Emergency Physicians	Last 4 digits of account number 0520;2821	\$1,838.00
	Nonpriority Creditor's Name c/o Commonwealth Finance 245 Main St	When was the debt incurred?	
	Scranton, PA 18519 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical Services	
4.1	Jackson Drive Emergency Physicians	Last 4 digits of account number	\$588.00
	Nonpriority Creditor's Name c/o Debt Recovery Solutions 6800 Jericho Turnpike, Ste 113E Syosset, NY 11791	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical Services	
4.1	Jackson Drive Emergency Physicians	Last 4 digits of account number 715;726	\$984.00
	Nonpriority Creditor's Name c/o Americollect 1851 S. Alverno Rd.	When was the debt incurred?	
	Manitowoc, WI 54220 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<u> </u>		
	■ Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	■ No □ Yes		
	⊔ Yes	■ Other. Specify Medical Services	

Official Form 106 E/F

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	or 1 Christopher W. Hollister Hannah R. Hollister	Case number (if known) 21-41300	
4.1 5	Jackson Drive Emergency Physicians	Last 4 digits of account number	\$1,378.00
	Nonpriority Creditor's Name c/o Transfinancial Companies PO Box 80103	When was the debt incurred?	
	Baton Rouge, LA 70898	As falls date of file the above to the file of	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Политически	
	_	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes		
	☐ Yes	■ Other. Specify Medical Services	
4.1 6	Jefferson Capital Systems LLC	Last 4 digits of account number	\$1,444.25
	Nonpriority Creditor's Name PO Box 7999 Saint Cloud, MN 56302-9617	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Installment loan - claim #31	
4.1	Kay Jewelers/DNF Associates LLC	Last 4 digits of account number 5222	\$504.37
	Nonpriority Creditor's Name c/o Synergetic Communications,	When was the debt incurred?	
	Inc. 5450 NW Cemtral. #220 Houston, TX 77092-2016		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	_	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit Card Debt	
		1 /	

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	1 Christopher W. Hollister 2 Hannah R. Hollister	Case number (if known) 21-41300	
4.1	Lindsey Belt Emergency Physicians	Last 4 digits of account number	\$1,026.00
	Nonpriority Creditor's Name c/o Phoenix Financial Services PO Box 361450	When was the debt incurred?	
	Indianapolis, IN 46236 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical Services	
4.1	Missouri Department of Revenue	Last 4 digits of account number	\$985.00
	Nonpriority Creditor's Name PO Box 475	When was the debt incurred?	
_	Attn: Bankruptcy Unit Jefferson City, MO 65105-0475		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one. ☐ Debtor 1 only		
	_	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
		Sales tax and penalty for 2002 Ford VIN 1FAFP53U52G237956	
	Yes	Other. Specify Claim #29	
4.2	Pendrick Capital Partners II, LLC Nonpriority Creditor's Name	Last 4 digits of account number	\$13,451.00
	Peritus Portfolio Services II, LLC PO BOX 141419	When was the debt incurred?	
	Irving, TX 75014-1419 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes		
	□ 162	■ Other. Specify Proofs of Claim 3-25	

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Quantum3 Group LLC as agent for	Last 4 digits of account number	\$492.
Nonpriority Creditor's Name CASCADE CAPITAL FUNDING LLC PO Box 788	When was the debt incurred?	
Los Angeles, CA 90083-0778 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	_	
Debtor 1 only	Contingent	
Debtor 2 only	Unliquidated	
■ Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	■ Other. Specify Money Loaned - Proof of Claim #2	
Quantum3 Group LLC as agent for	Last 4 digits of account number	\$1,566
Nonpriority Creditor's Name Populus Financial Group Inc PO Box 788	When was the debt incurred?	
Kirkland, WA 98083-0788		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	П	
Debtor 2 only	Contingent	
■ Debtor 1 and Debtor 2 only	☐ Unliquidated	
_	☐ Disputed Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Money loaned - claim #27	
Quantum3 Group LLC as agent for		\$492
Nonpriority Creditor's Name	Last 4 digits of account number	Ψ+3Z.
CASCADE CAPITAL FUNDING LLC PO Box 788	When was the debt incurred?	
Kirkland, WA 98083-0788 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
ls the claim subject to offset?	report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Money loaned - claim #28	

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	or 2 Hannah R. Hollister	Case number (if known) 21-41300	
4.2	Quantum3 Group LLC as agent for	Last 4 digits of account number	\$572.67
	Nonpriority Creditor's Name		
	Comenity Bank	When was the debt incurred?	
	PO Box 788 Kirkland, WA 98083-0788		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	• • • • • • • • • • • • • • • • • • • •	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	_	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	■ Other Specify Money loaned - claim #32	
	☐ Yes	Other. Specify Money loaneu - Claim #32	
4.2	Regional Finance	Last 4 digits of account number 1686	\$1,444.25
5	Nonpriority Creditor's Name	Last 4 digits of account number	Ψ1,444.23
	979 Batesville Rd., Ste B Greer, SC 29651	When was the debt incurred? 2020	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	■ Other Specify monies loaned/advanced	
		— Other, opening	
4.2 6	Richard Ross	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name	<u> </u>	
	13309 E. 40th Terr	When was the debt incurred?	
	Independence, MO 64055 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Oneon an that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
		Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐Yes	■ Other, Specify oral promise to pay for Chrysler 200	
	= -	— Outon opeouty	

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or 1 Christopher W. Hollister Hannah R. Hollister		Case number (if known)	21-41300	
Speedy Cash	Last 4 digits of account number	5874		\$1,542.31
Nonpriority Creditor's Name c/o Ad Astra Recovery Services 7330 W. 33rd Street N. Wichita, KS 67205	When was the debt incurred?	2020		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
■ Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
☐ Check if this claim is for a community debt	☐ Student loans	that you did not		
Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	-		
■ No	Debts to pension or profit-sharing	ebts		
Yes	Other. Specify Monies loa	ned/advanced		
Speedy Cash	Last 4 digits of account number			\$1,000.00
Nonpriority Creditor's Name c/o Ad Astra Recovery Services 7330 W. 33rd Street N.	When was the debt incurred?			• •
Wichita, KS 67205 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
_				
Debtor 1 only	Contingent			
■ Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	☐ Disputed			
\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	aration agreement or divorce	that you did not	
Is the claim subject to offset?	report as priority claims		,	
■ No	☐ Debts to pension or profit-sharing	01	ebts	
Yes	Other. Specify Monies loa	ned/advanced		
St. Mary's Medical Center	Last 4 digits of account number	3838		\$12,532.00
Nonpriority Creditor's Name PO Box 874456 Kansas City, MO 64187-4456	When was the debt incurred?	2016-2021		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
■ Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	☐ Disputed			
\square At least one of the debtors and another	Type of NONPRIORITY unsecure			
☐ Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	that you did not		
■ No	Debts to pension or profit-sharing	ng plans, and other similar de	ebts	
Yes	■ Other. Specify Medical Se	rvices		
	· · · · · · · · · · · · · · · · · · ·			

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	1 Christopher W. Hollister 2 Hannah R. Hollister		Case number (if known) 21-41300						
4.3	Tower Loan of Blue Springs	Last 4 digits of account number	2054	\$7,500.00					
	Nonpriority Creditor's Name PO Box 127 Grain Valley, MO 64029	When was the debt incurred?	05/27/2020						
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply						
	☐ Debtor 1 only	☐ Contingent							
	■ Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims							
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts						
	Yes	Other. Specify Monies loaned/advanced							
4.3	Truman Medical Center Lakewood	Last 4 digits of account number		\$1,700.00					
	Nonpriority Creditor's Name	When was the debt incurred?							
	Patient Accounts								
	7300 NW Tiffany Springs Pkwy Kansas City, MO 64153-1381								
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply						
	Who incurred the debt? Check one.								
	☐ Debtor 1 only ☐ Contingent								
	■ Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims							
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts						
	Yes	Other. Specify Medical Se	rvices						
4.3	Verizon	Last 4 digits of account number		\$2,075.10					
_	Nonpriority Creditor's Name								
	by American InfoSource as Agent	When was the debt incurred?							
	PO Box 4457								
	Houston, TX 77210-4457 Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply						
	Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , ,	117						
	☐ Debtor 1 only	☐ Contingent							
	□ Debtor 2 only □ Unliquidated								
	■ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim:								
	☐ Check if this claim is for a community								
	debt	Obligations arising out of a separation agreement or divorce that you did not							
	Is the claim subject to offset?	report as priority claims	3						
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts						
	Yes	■ Other. Specify Claim #30							

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	1 Christopher W. Hollister 2 Hannah R. Hollister		Case number (if known)	21-41300
4.3 3	Xfinity Mobile	Last 4 digits of account numbe	r <u>2387</u>	\$1,620.11
	Nonpriority Creditor's Name c/o Credit Collection Services 725 Canton Street Norwood, MA 02062	When was the debt incurred?	2020	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the clain	n is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecur	red claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	Obligations arising out of a se	paration agreement or divorce	that you did not
	Is the claim subject to offset?	report as priority claims		
	No	☐ Debts to pension or profit-shar	ring plans, and other similar de	bts
	☐ Yes	Other. Specify		
Part 3:	List Others to Be Notified About a D	ebt That You Already Listed		
is tryi have i	is page only if you have others to be notified ng to collect from you for a debt you owe to more than one creditor for any of the debts the ded for any debts in Parts 1 or 2, do not fill out	someone else, list the original creditor hat you listed in Parts 1 or 2, list the ad	in Parts 1 or 2, then list the c	collection agency here. Similarly, if you
Name a	nd Address	On which entry in Part 1 or Part 2 did yo	ou list the original creditor?	
Acima		Line 4.1 of (Check one):	☐ Part 1: Creditors with Priorit	y Unsecured Claims
	Minuteman Dr 5th Floor r, UT 84020		Part 2: Creditors with Nonpo	riority Unsecured Claims
Diape	1, 01 04020	Last 4 digits of account number		
Capita	nd Address al One Bank (USA), N.A nerican InfoSource as agent	 ·	Part 1: Creditors with Priorit	
	ox 71083		Part 2: Creditors with Nonp	riority Unsecured Claims
Charle	otte, NC 28221-1083	Last 4 digits of account number		
Name a	nd Address	On which entry in Part 1 or Part 2 did yo	ou list the original creditor?	
	y Support Division		■ Part 1: Creditors with Priorit	ty Unsecured Claims
-	ox 6790		☐ Part 2: Creditors with Nonp	riority Unsecured Claims
Jener	son City, MO 65102-6790	Last 4 digits of account number		
	nd Address	On which entry in Part 1 or Part 2 did yo	ou list the original creditor?	
	son Capital Systems, LLC	Line <u>4.25</u> of (<i>Check one</i>):	☐ Part 1: Creditors with Priorit	y Unsecured Claims
	Leland Road Cloud, MN 56303		Part 2: Creditors with Nonpo	riority Unsecured Claims
Janit	Cloud, MIN 30303	Last 4 digits of account number		
	nd Address	On which entry in Part 1 or Part 2 did yo	ou list the original creditor?	
	s Counselors Inc.		Part 1: Creditors with Priorit	
	ox 16285 a, KS 66285		Part 2: Creditors with Nonp	riority Unsecured Claims
Lenex	u, 110 00200	Last 4 digits of account number		
	nd Address	On which entry in Part 1 or Part 2 did yo	•	
	i. Schwartzkopf		Part 1: Creditors with Priorit	
	iey At Law Forum Blvd., Ste A		Part 2: Creditors with Nonp	riority Unsecured Claims
	nbia, MO 65203			
		Last 4 digits of account number		
	nd Address	On which entry in Part 1 or Part 2 did yo	•	
Unifin	-		Part 1: Creditors with Priorit	
LO RO	ox 4519		Part 2: Creditors with Nonp	riority Unsecured Claims

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Debtor 1 Christopher W. Hollister Debtor 2 Hannah R. Hollister		Case number (if known)	21-41300		
Skokie, IL 60076-4519	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2 did	, <u> </u>			
Verizon	Line 4.32 of (Check one):	☐ Part 1: Creditors with Priority	/ Unsecured Claims		
Bankruptcy Administration PO Box 3397 Bloomington, IL 61702		■ Part 2: Creditors with Nonpri	ority Unsecured Claims		
Discinnigion, in 51752	Last 4 digits of account number				

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 32,624.06
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 32,624.06
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 66,590.47
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 66,590.47

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Fill in this inform	mation to identify your	case:	.,	
Debtor 1	Christopher W. H			
	First Name	Middle Name	Last Name	
Debtor 2	Hannah R. Hollis	ter		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		WESTERN DISTRICT (OF MISSOURI	
Case number	21-41300			
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Number Street		Person or	company wit	h whom you have the c er, Street, City, State and ZIP Co	ontract or lease	State what the contract or lease is for
Number Street	2.1					
City State ZIP Code 2.2 Number Street City State ZIP Code 2.3 Name Number Street City State ZIP Code 2.4 Number Street City State ZIP Code 2.5 Name Number Number Street Street		Name				
Number Street S		Number	Street			_
Number Street		City		State	ZIP Code	_
Number Street City State ZIP Code 2.3 Name Number Street City State ZIP Code 2.4 Name Number Street City State ZIP Code 2.5 Name Number Street	2.2					
City State ZIP Code 2.3 Name Number Street City State ZIP Code 2.4 Name Number Street City State ZIP Code 2.5 Name Number Street		Name				
2.3 Number Street State ZIP Code 2.4 Number Street State ZIP Code City State ZIP Code City State ZIP Code 2.5 Number Street State ZIP Code Number Street Street		Number	Street			_
Number Street City State ZIP Code 2.4 Number Street City State ZIP Code 2.5 Number Street Number Street State ZIP Code		City		State	ZIP Code	_
Number Street City State ZIP Code 2.4 Name Number Street City State ZIP Code 2.5 Name Number Street	2.3					·
City State ZIP Code 2.4 Name Number Street City State ZIP Code 2.5 Name Number Street		Name				_
2.4 Name Number Street City State ZIP Code 2.5 Name Number Street		Number	Street			
Number Street City State ZIP Code 2.5 Name Number Street		City		State	ZIP Code	<u> </u>
Number Street City State ZIP Code 2.5 Name Number Street	2.4					
City State ZIP Code 2.5 Name Number Street		Name				
Name Number Street			Street			
Name Number Street		City		State	ZIP Code	
Number Street	2.5					
		Name				
City State ZIP Code		Number	Street			_
		City		State	ZIP Code	

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		Ducume	ili ray c 20 0	1 34	
Fill in this	information to identify your	case:			
Debtor 1	Christopher W. H	ollister			
	First Name	Middle Name	Last Name		
Debtor 2	Hannah R. Hollist	• •			
(Spouse if, filing	ng) First Name	Middle Name	Last Name		
United Stat	tes Bankruptcy Court for the:	WESTERN DISTRICT	OF MISSOURI		
Case numb	per 21-41300				☐ Check if this is an
	Form 106H ule H: Your Cod	ebtors			amended filing
people are fill it out, ar your name	nd number the entries in the and case number (if known)	ally responsible for sup boxes on the left. Attacl . Answer every question	plying correct informat h the Additional Page t i.	ion. If more space is need to this page. On the top o	as possible. If two married ded, copy the Additional Page, f any Additional Pages, write
1. Do y	you have any codebtors? (If	you are filing a joint case,	do not list either spouse	as a codebtor.	
■ No □ Yes					
Arizona No. Yes. In Column line	2 again as a codebtor only i	Nevada, New Mexico, Puuse, or legal equivalent livors. Do not include your f that person is a guarar	e with you at the time? spouse as a codebtor or cosigner. Make	ngton, and Wisconsin.) if your spouse is filing was the construction of the construct	rith you. List the person shown creditor on Schedule D (Official
	106D), Schedule E/F (Official Dlumn 2.	Form 106E/F), or Sched	lule G (Official Form 10	6G). Use Schedule D, Sc	hedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Zi	P Code		Column 2: The credit Check all schedules t	tor to whom you owe the debt hat apply:
3.1				☐ Schedule D. line	
	Name			_ ☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street			_	
	City	State	ZIP Code		
3.2				☐ Schedule D, line	
	Name			_ ☐ Schedule D, line ☐ Schedule E/F, line	
				☐ Schedule G, line	
_	Number Ctuest			_	
	Number Street City	State	ZIP Code		

Fill in this information to i	dentify your case:	
Debtor 1	Christopher W. Hollister	
Debtor 2 (Spouse, if filing)	Hannah R. Hollister	
United States Bankruptcy	/ Court for the: WESTERN DISTRICT OF MISSOURI	
Case number (If known)	1300	Check if this is: ☐ An amended filing
		☐ A supplement showing postpetition chapter 13 income as of the following date:
Official Form 1	1061	MM / DD/ YYYY
Schedule I: Y	our Income	12/1
		

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Employment Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information. ■ Employed ■ Employed If you have more than one job, **Employment status** attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation Laborer member service rep Include part-time, seasonal, or Employer's name She Digs It **Planet Fitness** self-employed work. Occupation may include student **Employer's address** 600 SE Central Dr 601 US-40 or homemaker, if it applies. Blue Springs, MO 64014 Blue Springs, MO 64014 How long employed there? Since March 2022 Since November 2021

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 4,333.33 \$ 1,932.67

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1 tor 2	Christopher W. Hollister Hannah R. Hollister		(Case	e number (<i>if known</i>)	21-41	300		
			_			,	-			
					Foi	r Debtor 1		Debtor 2 o		
	Con	v line 4 hore	4.		\$	4 222 22	non-	filing spo		
	Cop	y line 4 here	4.		Φ_	4,333.33	Φ	1,93	2.67	
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	ā.	\$_	866.67	\$	21	6.67	
	5b.	Mandatory contributions for retirement plans	5b		\$_	0.00	\$		0.00	
	5c.	Voluntary contributions for retirement plans	50		\$_	0.00	\$		0.00	
	5d. 5e.	Required repayments of retirement fund loans Insurance	5d 5e		\$_ \$	0.00	\$		0.00	
	5f.	Domestic support obligations	5f.		\$ _	0.00	\$ 		0.00	
	5g.	Union dues	50		\$	0.00	\$		0.00	
	5h.	Other deductions. Specify:	_	1.+	\$	0.00	+ \$		0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.		\$	866.67	\$	21	6.67	
7.	Calo	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	3,466.66	\$	1,71	6.00	
8.	List	all other income regularly received:				.,				
٠.	8a.	Net income from rental property and from operating a business,								
		profession, or farm								
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	88	а.	\$	0.00	\$	í	0.00	
	8b.	Interest and dividends	8b	Ο.	\$_	0.00	\$		0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent								
		regularly receive Include alimony, spousal support, child support, maintenance, divorce								
		settlement, and property settlement.	80	.	\$	0.00	\$	1	0.00	
	8d.	Unemployment compensation	80	d.	\$	0.00	\$		0.00	
	8e.	Social Security	86	€.	\$	0.00	\$		0.00	
	8f.	Other government assistance that you regularly receive								
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental	;							
		Nutrition Assistance Program) or housing subsidies.								
		Specify:	8f		\$_	0.00	\$		0.00	
	8g.	Pension or retirement income	89		\$_	0.00	\$		0.00	
	8h.	Other monthly income. Specify:	_ 8h _	۱.+	\$_	0.00	+ \$		0.00	
9.	Δdd	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	9	\$	0.00	\$		0.00	
٠.		an care, mocare, 7 aa miss on on on on og om	٠.	Ľ	_	0.00	Ľ		0.00	1
10	Cald	culate monthly income. Add line 7 + line 9.	10.	\$		3,466.66 + \$	17	16.00 =	\$	5,182.66
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.		Ψ_		3,400.00	1,7	10.00	—	3,102.00
11	Stat	e all other regular contributions to the expenses that you list in Schedule	., [']							
• • •		ide contributions from an unmarried partner, members of your household, your		end	ents	s, your roommate	s, and			
		r friends or relatives.								
	Spe	not include any amounts already included in lines 2-10 or amounts that are not \cdot	avall	able	e to	pay expenses iis	ed in So	cneauie J. 11. +	\$	0.00
	Оро									0.00
12.		the amount in the last column of line 10 to the amount in line 11. The res								
		e that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certai</i>	in Lia	abili	ties	and Related <i>Data</i>	a, if it	12. \$		5,182.66
	appl	les								· ·
									ombin	
13.	Do	ou expect an increase or decrease within the year after you file this form	?					mo	אוווט	income
	_ · .	No.								
	П	Yes. Explain:								

Official Form 106l Schedule I: Your Income page 2

						•						
Fill	in this informa	ition to identify yo	our case:									
Deb	ebtor 1 Christopher W. Hollister						Check if this is:					
	otor 2 ouse, if filing)	Hannah R. H	ollister			 ☐ An amended filing ☐ A supplement showing postpetition chapte 13 expenses as of the following date: 						
Unit	ed States Bankr	ruptcy Court for the	: WESTE	ERN DISTRICT OF MISSO	DURI		MM / DD / YYYY					
Cas	e number 21	1-41300										
1	nown)	1-41300										
Of	fficial Fo	rm 106J				-						
S	chedule	J: Your l	 Exper	ises				12/15				
Be info	as complete ormation. If m	and accurate as	possible. eded, atta	. If two married people a ch another sheet to this								
Par	t 1: Descr Is this a joir	ribe Your House	hold									
1.	□ No. Go to											
	_	es Debtor 2 live i	in a separ	ate household?								
	■ N		·									
	,	. •	st file Offici	al Form 106J-2, Expenses	s for Separate House	ehold of Deb	otor 2.					
2.	Do vou hav	e dependents?	□ No									
	Do not list D Debtor 2.	•	Yes.	Fill out this information for each dependent	Dependent's relat		Dependent's age	Does dependent live with you?				
	Do not state	the						□ No				
	dependents	names.			Daughter		_ 7	Yes				
					Son		11	□ No ■ Yes				
								□ No				
								☐ Yes				
								□ No				
3.	Do vour ext	penses include	_	Na	-			☐ Yes				
	expenses o	f people other to d your depende	han 👝	No Yes								
Est exp	imate your ex	a date after the l	our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp								
the		h assistance an		government assistance cluded it on <i>Schedule I:</i> `			Your exp	enses				
4.		or home owners		ses for your residence.	Include first mortgag	e 4. :	\$	825.00				
	If not includ	ded in line 4:										
	4a. Real e	estate taxes				4a.	\$	0.00				
	4b. Prope	erty, homeowner's				4b.		20.00				
			•	upkeep expenses		4c.		0.00				
5.		owner's associat		dominium dues our residence, such as ho	ome equity loans	4d. 5.	·	0.00 0.00				
					,,			0.00				

		ristopher W. Hollister nnah R. Hollister	Case num	ber (if known)	21-41300
6.	Utilities:				
	6a. Ele	ctricity, heat, natural gas	6a.	\$	227.00
	6b. Wa	ter, sewer, garbage collection	6b.	\$	180.00
	6c. Tel	ephone, cell phone, Internet, satellite, and cable services	6c.	\$	284.00
	6d. Oth	er. Specify:	6d.	\$	0.00
7.	Food and	I housekeeping supplies	7.	\$	1,000.00
8.	Childcare	e and children's education costs	8.	\$	240.00
9.	Clothing,	laundry, and dry cleaning	9.	\$	125.00
10.	Personal	care products and services	10.	\$	100.00
11.	Medical a	and dental expenses	11.	\$	250.00
12.		tation. Include gas, maintenance, bus or train fare.	12	¢	500.00
40		clude car payments.	12.	·	
		ment, clubs, recreation, newspapers, magazines, and books	13.		150.00
		e contributions and religious donations	14.	\$	0.00
15.	Insurance	e. Slude insurance deducted from your pay or included in lines 4 or 20.			
		sinde insurance deducted from your pay or included in lines 4 or 20.	15a.	\$	0.00
		alth insurance	15a.		0.00
		nicle insurance	15c.	·	150.00
		er insurance. Specify:	15d.	·	0.00
16		o not include taxes deducted from your pay or included in lines 4 or 20.		Ψ	0.00
	Specify:	personal property taxes	16.	\$	50.00
17.		nt or lease payments: payments for Vehicle 1	17a.	\$	0.00
		payments for Vehicle 2	17b.		0.00
		er. Specify:	17b.	· -	0.00
		er. Specify:	17d.	·	0.00
18		ments of alimony, maintenance, and support that you did not report as		Ψ	0.00
10.		I from your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
19.		yments you make to support others who do not live with you.		\$	0.00
	Specify:	•	19.		
20.		Il property expenses not included in lines 4 or 5 of this form or on School	edule I: Yo	our Income.	
	20a. Mo	rtgages on other property	20a.	\$	0.00
	20b. Rea	al estate taxes	20b.	\$	0.00
	20c. Pro	perty, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Mai	intenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Hor	meowner's association or condominium dues	20e.	\$	0.00
21.	Other: Sp	pecify: pet care	21.	+\$	100.00
22.		e your monthly expenses			
		lines 4 through 21.		\$	4,201.00
	22b. Copy	line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c. Add	line 22a and 22b. The result is your monthly expenses.		\$	4,201.00
23.		your monthly net income.			
		by line 12 (your combined monthly income) from Schedule I.	23a.		5,182.66
	23b. Cop	by your monthly expenses from line 22c above.	23b.	-\$	4,201.00
	23c. Suk	otract your monthly expenses from your monthly income.			
		e result is your monthly net income.	23c.	\$	981.66
24.	For exampl	xpect an increase or decrease in your expenses within the year after you, le, do you expect to finish paying for your car loan within the year or do you expect you not to the terms of your mortgage?			ease or decrease because of a
	Yes.	Explain here:			
	iii res.	<u> Ελριαίτί τιστο.</u>			

Fill in this	information to identify your	case:					
Debtor 1	Christopher W H	Christopher W. Hollister					
DODIOI 1	First Name	Middle Name	Las	t Name			
Debtor 2	Hannah R. Hollist	er					
(Spouse if, filin		Middle Name	Las	t Name			
United Stat	tes Bankruptcy Court for the:	WESTERN DISTRICT OF MIS	SOU	RI			
Case numb (if known)	21-41300				☐ Check if this is an amended filing		
	Form 106Dec						
Decla	ration About a	n Individual De	bt	or's Schedules	12/15		
	money or property by fraud ir oth. 18 U.S.C. §§ 152, 1341, 1 Sign Below		y cas	e can result in fines up to \$250,0	00, or imprisonment for up to 20		
Did y	ou pay or agree to pay some	one who is NOT an attorney to	help	you fill out bankruptcy forms?			
I	No						
	Yes. Name of person				nkruptcy Petition Preparer's Notice, n, and Signature (Official Form 119)		
	penalty of perjury, I declare ney are true and correct.	that I have read the summary a	and s	chedules filed with this declarati	on and		
X /s	/ Christopher W. Hollister		Х	/s/ Hannah R. Hollister			
С	hristopher W. Hollister ignature of Debtor 1			Hannah R. Hollister Signature of Debtor 2			

Date **April 15, 2022**

Date April 15, 2022

Fill in t	his info	rmation to identify you	r case:							
Debtor		Christopher W. I								
		First Name	Middle Name		Last Name					
Debtor (Spouse i		Hannah R. Hollis	Middle Name		Last Name					
				E MICC						
United	States B	ankruptcy Court for the:	WESTERN DISTRICT O	F MISS	BOURI					
Case n (if known)		21-41300				<u> </u>	heck if this is an mended filing			
State	emen omplete	and accurate as possi		are filir	ng together, both are	ankruptcy equally responsible for supp additional pages, write you				
		vn). Answer every que		tills io	onii. On the top of any	additional pages, write you	i name and case			
Part 1:	Give	Details About Your Ma	rital Status and Where You	u Lived	I Before					
1. Wr	nat is yo	at is your current marital status?								
	Marrie Not m									
2. Du	uring the last 3 years, have you lived anywhere other than where you live now?									
■	■ NoYes. List all of the places you lived in the last 3 years. Do not include where you live now.									
De	ebtor 1:		Dates Debtor 1 lived there		Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there			
						ity property state or territory co, Texas, Washington and W				
■	No Yes. N	Make sure you fill out <i>Sch</i>	nedule H: Your Codebtors (O	official F	Form 106H).					
Part 2	Expl	ain the Sources of You	r Income							
Fill	in the to	tal amount of income yo	nployment or from operating u received from all jobs and have income that you receive	all busi	nesses, including part-		dar years?			
	No Yes. F	ill in the details.								
			Debtor 1			Debtor 2				
			Sources of income Check all that apply.	(be	oss income fore deductions and clusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)			
		1 of current year until led for bankruptcy:	■ Wages, commissions, bonuses, tips	\$19,854.03		■ Wages, commissions, bonuses, tips	\$11,078.26			
			☐ Operating a business			☐ Operating a business				

Official Form 107

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Debtor 1 Debtor 2	Christopher W. Hannah R. Holl		r	Case	e number (if known)	21-41300	
					•		
			Debtor 1		Debtor 2		
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inco		Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 202		2020)	■ Wages, commissions, bonuses, tips	\$65,802.87	■ Wages, common was bonuses, tips	nissions,	\$6,534.19
			☐ Operating a business		☐ Operating a b	usiness	
	alendar year before 1 to December 31,		■ Wages, commissions, bonuses, tips	\$0.00	■ Wages, common bonuses, tips	nissions,	\$3,342.00
			☐ Operating a business		☐ Operating a b	usiness	
List ea	0 , 0	gross inco		you received together, list it o	•		
			Debtor 1		Debtor 2		
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inco Describe below.	me	Gross income (before deductions and exclusions)
	uary 1 of current y ou filed for bankru		Unemployment	\$5,440.00	Unemploymer	nt	\$0.00
	alendar year: 1 to December 31,	2020)	Unemployment	\$0.00	Unemploymer	nt	\$10,443.00
Part 3:	List Certain Paym	ents You	Made Before You Filed for	Bankruptcy			
_	No. Neither Debte	or 1 nor D	s debts primarily consume ebtor 2 has primarily const personal, family, or househo	umer debts. Consumer debts	s are defined in 11 l	J.S.C. § 101(8) as "incurred by an
	_ ~	•		id you pay any creditor a tota	l of \$7,575* or more	∍ ?	
	_	So to line 7.		:- - +-+- -f			. 4-4-1
	pa no	aid that cre ot include	editor. Do not include paymer payments to an attorney for t	id a total of \$7,575* or more i nts for domestic support oblig his bankruptcy case. as after that for cases filed on	ations, such as chil	ld support and	
	•	•	, ,		or arter the date of	aujustinent.	
–)			r both have primarily consure you filed for bankruptcy, di	umer debts. id you pay any creditor a tota	of \$600 or more?		
		So to line 7					
	in	nclude payı		id a total of \$600 or more and bligations, such as child supp			
Cred	litor's Name and A	ddress	Dates of payme	ent Total amount	Amount you still owe	Was this pa	yment for

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Debt Debt		Christopher W. Hollister Hannah R. Hollister		Cas	se number (if known)	21-41300	
<i>Insid</i> of wh		in 1 year before you filed for bankrupters include your relatives; any general paich you are an officer, director, person in iness you operate as a sole proprietor. 1 ny.	artners; relatives of any gen n control, or owner of 20% o	neral partners; partner or more of their voting	erships of which yo g securities; and ar	u are a general ny managing ag	partner; corporation gent, including one fo
i	_	No Yes. List all payments to an insider.					
		der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	his payment
i	nsid	in 1 year before you filed for bankrupt er? de payments on debts guaranteed or cos				ccount of a de	bt that benefited an
İ		No					
		Yes. List all payments to an insider der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	his payment tor's name
Part	4:	Identify Legal Actions, Repossession	ns, and Foreclosures				
l r	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.						
	Case title Case number		Nature of the case	Court or agency		Status of the case	
	Tow Tow	ver Loan of Missouri, LLC dba ver Loan of Blue Springs 6-CV06235	Petition Pursuant to Chapter 517 on Note; Date filed: 03/17/2021	Circuit Court o County 308 W. Kansas Independence,		■ Pending □ On appea □ Conclude	
		n 1 year before you filed for bankrupt k all that apply and fill in the details belo		erty repossessed, f	oreclosed, garnis	hed, attached	, seized, or levied?
i I	_	No. Go to line 11. Yes. Fill in the information below.					
	Creditor Name and Address		Describe the Property		Date		Value of the property
			Explain what happened	d			
i	acco	in 90 days before you filed for bankru unts or refuse to make a payment bed No Yes. Fill in the details.		luding a bank or fir	nancial institution	, set off any a	mounts from your
	Creditor Name and Address		Describe the action the			Date action was Amou	
	court	n 1 year before you filed for bankrupt i-appointed receiver, a custodian, or a No Yes		erty in the possess			fit of creditors, a

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	tor 2 Hannah R. Hollister		Case number (if known)	21-41300	
Part	t 5: List Certain Gifts and Contribution	ns			
13.	Within 2 years before you filed for bankr ■ No □ Yes. Fill in the details for each gift.	ruptcy, did you give any gifts with	a total value of more than \$60	0 per person	?
	Gifts with a total value of more than \$60 per person	00 Describe the gifts	Dates the gi	s you gave ifts	Value
	Person to Whom You Gave the Gift and Address:	i			
14.	Within 2 years before you filed for bankr ■ No □ Yes. Fill in the details for each gift or c		ontributions with a total value	of more than	\$600 to any charity?
	Gifts or contributions to charities that t more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code	total Describe what you conti		s you ibuted	Value
Part	t 6: List Certain Losses				
	Within 1 year before you filed for bankru or gambling? ■ No □ Yes. Fill in the details. Describe the property you lost and how the loss occurred	Describe any insurance coverag Include the amount that insurance insurance claims on line 33 of Scho	e for the loss has paid. List pending	of your	Value of property lost
16.	List Certain Payments or Transfers Within 1 year before you filed for bankru consulted about seeking bankruptcy or	rs uptcy, did you or anyone else actir		fer any prope	rty to anyone you
	Include any attorneys, bankruptcy petition p		cies for services required in your	bankruptcy	
	□ No■ Yes. Fill in the details.				
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y	Description and value of transferred		payment Insfer was	Amount of payment
	Theodore Barnes 14801 E. 42nd St. S Ste. 200 Independence, MO 64055 joint debtor's mother Cynthia (Cind Titus	\$2000 for attorney's for filing fee	ees and court 9/202	!1	\$1,662.00
	Within 1 year before you filed for bankru promised to help you deal with your cred Do not include any payment or transfer that	editors or to make payments to you		er any prope	rty to anyone who
	No				
	☐ Yes. Fill in the details.				
	Person Who Was Paid Address	Description and value of transferred		payment Insfer was	Amount of payment

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De	btor 2 Hannah R. Hollister			Case number (if known)	21-41300	
18.	Within 2 years before you filed for bankrupt transferred in the ordinary course of your b Include both outright transfers and transfers mainclude gifts and transfers that you have alread No	ousiness or financial affa ade as security (such as t	airs? the granting of a s			
	☐ Yes. Fill in the details.					
	Person Who Received Transfer Address	Description and v		Describe any propayments receive paid in exchange	d or debts	Date transfer was made
	Person's relationship to you					
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro No Yes Fill in the details		ny property to a s	elf-settled trust or si	milar device o	of which you are a
	Name of trust	Description and v	alue of the prope	erty transferred		Date Transfer was made
Pa	rt 8: List of Certain Financial Accounts, Inc	struments, Safe Deposi	t Boxes, and Sto	rage Units		
20.	Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated No Yes. Fill in the details.	or other financial accou	nts; certificates o	of deposit; shares in	•	, ,
	Name of Financial Institution and	Last 4 digits of	Type of accour	nt or Date accor	unt was	Last balance
	Address (Number, Street, City, State and ZIP Code)	account number	instrument	closed, so moved, or transferred	•	before closing or transfer
21.	Do you now have, or did you have within 1 yeash, or other valuables?	year before you filed for	bankruptcy, any	safe deposit box or	other deposi	tory for securities,
	■ No					
	☐ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe the content	S	Do you still have it?
22.	Have you stored property in a storage unit of	or place other than your	home within 1 y	ear before you filed t	for bankruptc	:y?
	■ No					
	☐ Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or I to it? Address (Number, S State and ZIP Code)		Describe the content	S	Do you still have it?
Da	rt 9: Identify Property You Hold or Control	for Samoona Elsa				
га	1 9. Identity Property You Hold of Control	TOT SOMEONE EISE				
23.	Do you hold or control any property that so for someone.	meone else owns? Incl	ude any property	you borrowed from,	are storing for	or, or hold in trust
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe the property	1	Value
Pa	rt 10: Give Details About Environmental Info	ormation				
ror	the purpose of Part 10, the following definiti	ons apply:				

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy

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	otor 1 otor 2	Christopher W. Hollister Hannah R. Hollister		Cas	e number (if known)	21-41300			
	toxic	substances, wastes, or material into the	no air land soil surface water ground	dwate	ar or other mediur	n including sta	atutes or		
		ations controlling the cleanup of these		uwaic	er, or other mediar	ii, iiiciuuiiig sta	itutes of		
		neans any location, facility, or property n, operate, or utilize it, including dispo		law, v	whether you now o	own, operate, o	r utilize it or use		
		rdous material means anything an envi dous material, pollutant, contaminant,		s was	te, hazardous sub	stance, toxic s	ubstance,		
Pon		notices, releases, and proceedings the		n thai	v occurred				
•				•		.			
24.	Has a	ny governmental unit notified you that	you may be liable or potentially liable	una	er or in violation of	r an environme	ntai iaw?		
	_	No							
		es. Fill in the details. e of site	Governmental unit		Environmental law	, if you	Date of notice		
		Pess (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State an ZIP Code)		know it	, ii you	Date of flotice		
25.	Have	you notified any governmental unit of	any release of hazardous material?						
		No							
		es. Fill in the details.							
		e of site 'ess (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)		Environmental law know it	, if you	Date of notice		
26.	Havo	you been a party in any judicial or adn	,	ironm	nontal law? Include	e eattlements a	nd orders		
_0.	_	you been a party in any judicial or aun	minorative proceeding under any envi		ioniai iaw . moiaa		ila oracio.		
	_	No ∕es. Fill in the details.							
		Title	Court or agency	Nati	ure of the case		Status of the		
	Case	Number	Name Address (Number, Street, City, State and ZIP Code)				case		
Par	t 11:	Give Details About Your Business or	Connections to Any Business						
27	Withi	n 4 years before you filed for bankrupt	cy did you own a business or have ar	ny of t	the following conn	ections to any	husiness?		
	_	☐ A sole proprietor or self-employed i		-	_	-	buomeoo .		
	_	☐ A member of a limited liability comp							
	_	☐ A partner in a partnership	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,				
	_	☐ An officer, director, or managing ex	ecutive of a corporation						
	_	☐ An owner of at least 5% of the voting or equity securities of a corporation							
	No. None of the above applies. Go to Part 12.								
	_								
		es. Check all that apply above and fill ness Name	Describe the nature of the business	5.	Employer Identifi	cation number			
	Addr		Name of accountant or bookkeeper		Do not include So				
	(Name of accountant of bookkeeper		Dates business e	existed			
28.		n 2 years before you filed for bankrupt utions, creditors, or other parties.	cy, did you give a financial statement	to an	yone about your b	usiness? Inclu	de all financial		
		No							
	_	es. Fill in the details below.							
	Nam Addr	ess	Date Issued						
Par		er, Street, City, State and ZIP Code)							

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Debtor 1	Christopher W. Hollister				
Debtor 2	Hannah R. Hollister			Case number (if known)	21-41300
with a bar	nd correct. I understand that making a fal nkruptcy case can result in fines up to \$2 §§ 152, 1341, 1519, and 3571.				property by fraud in connection
/s/ Chris	stopher W. Hollister	/s/ Ha	nnah R. Hollister		
Christo	pher W. Hollister	Hann	ah R. Hollister		
Signatur	e of Debtor 1	Signat	ture of Debtor 2		
Date A	pril 15, 2022	Date	April 15, 2022		
Did you a	ttach additional pages to Your Statement	of Financial	Affairs for Individual	s Filing for Bankruptcy (Official Form 107)?
■ No					
☐ Yes					
Did you p ■ No	ay or agree to pay someone who is not a	n attorney to	help you fill out bank	cruptcy forms?	
☐ Yes. Na	ame of Person Attach the <i>Bankrupto</i>	y Petition Pre	parer's Notice, Declara	ation, and Signature (Offici	al Form 119).

Fill in this information to identify your case:					
Debtor 1	Christopher W. Hollister				
Debtor 2 (Spouse, if filing)	Hannah R. Hollister				
United States B	Sankruptcy Court for the: Western District of Missouri				
Case number (if known)	21-41300				

Check	Check as directed in lines 17 and 21:					
According to the calculations required by this Statement:						
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).					
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).					
	3. The commitment period is 3 years.					
	4. The commitment period is 5 years.					

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 1,253.66 727.47 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 \$ Net monthly income from rental or other real property

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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or 1 or 2	Hannah R. Hollister				Case nu	mber (if kno	own) 2	21-4130	0	
					Column Debtor			Column E Debtor 2 non-filing		
Inte	erest, dividends, and royalties				\$	0.	00	3	0.00	
	employment compensation				\$	906.	 67		0.00	•
	not enter the amount if you contend the Social Security Act. Instead, list it her		was a benefit	under						
F	For you	\$	0.0	0_						
F	For your spouse	\$	0.0	0						
ber not Uni disa pay doe	nsion or retirement income. Do not in the fit under the Social Security Act. Also include any compensation, pension, pited States Government in connection ability, or death of a member of the unity paid under chapter 61 of title 10, the less not exceed the amount of retired paterized under any provision of title 10 of	o, except as stated in the pay, annuity, or allowance with a disability, combat- iformed services. If you re in include that pay only to by to which you would other	e next sentence paid by the related injury eceived any the extent the erwise be en	ce, do or retired at it	\$	0.	00	3	0.00	
Inc Do rec dor Uni disa	come from all other sources not listed not include any benefits received und beived as a victim of a war crime, a crimestic terrorism; or compensation, per ited States Government in connection ability, or death of a member of the unurces on a separate page and put the	ed above. Specify the so er the Social Security Act me against humanity, or insion, pay, annuity, or allowith a disability, combatiformed services. If necessity	ource and am t; payments nternational c owance paid related injury	or by the						
	Food Stamps				\$	0.	00 \$	5	250.00	
	<u> </u>			_	\$		00 \$		0.00	
	Total amounts from separate pa	ges, if any.		_ +	\$		00 \$		0.00	
	Iculate your total average monthly i ch column. Then add the total for Colu			\$	1,634.14	4+		503.66		3,137.80
2:	Determine How to Measure You									
Co	py your total average monthly income	ne from line 11.							\$	3,137.80
Cai □	Iculate the marital adjustment. Chec You are not married. Fill in 0 below.									
_										
_	You are married and your spouse is		elow.							
	You are married and your spouse is Fill in the amount of the income listed dependents, such as payment of the Below, specify the basis for excludir adjustments on a separate page. If this adjustment does not apply, er	ed in line 11, Column B, the spouse's tax liability or the spouse and the arr	the spouse's nount of inco	suppor	t of some	eone oth	er than y	you or yo	ur depend	lents.
				\$						
				+\$						
	Total			\$	1	0.00	Copy I	nere=>		0
Yo	our current monthly income. Subtra	act line 13 from line 12.	L				J		\$	3,137.80
C	alculate your current monthly incor	ne for the year. Follow to	hese steps:							

Christopher W. Hollister

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Debtor 1 Debtor 2		Christopher W. Hollister Hannah R. Hollister		Case number (if known)	21-41300
		Multiply line 15a by 12 (the number of months in	a year).		x 12
	15b.	The result is your current monthly income for the	year for this part of the fo	orm	\$37,653.60
16. C	alcu	ulate the median family income that applies to yo	ou. Follow these steps:		
1	6a. F	Fill in the state in which you live.	МО		
1	6b. F	Fill in the number of people in your household.	4		
	i	Fill in the median family income for your state and s To find a list of applicable median income amounts, nstructions for this form. This list may also be availa	go online using the link		\$\$
		do the lines compare?			
1	7a.	Line 15b is less than or equal to line 16c. Or 11 U.S.C. § 1325(b)(3). Go to Part 3. Do No.			
1	7b.	Line 15b is more than line 16c. On the top o 1325(b)(3). Go to Part 3 and fill out Calcul your current monthly income from line 14 ab	ation of Your Disposab		
Part 3	:	Calculate Your Commitment Period Under 11 L	J.S.C. § 1325(b)(4)		
18. C	ору	your total average monthly income from line 11			\$ 3,137.80
c s	onte	ct the marital adjustment if it applies. If you are ind that calculating the commitment period under 11 se's income, copy the amount from line 13. If the marital adjustment does not apply, fill in 0 on line 10.	U.S.C. § 1325(b)(4) allo		-\$0.00
1	9b. \$	Subtract line 19a from line 18.			\$3,137.80
20. C	alcu	late your current monthly income for the year.	Follow these steps:		
2	0a. 0	Copy line 19b			\$\$
	ľ	Multiply by 12 (the number of months in a year).			x 12
2	!0b. ∃	The result is your current monthly income for the ye	ar for this part of the form	1	\$ 37,653.60
2	:0c. (Copy the median family income for your state and s	ize of household from lin	e 16c	\$\$
2	1. H	How do the lines compare?			
	ı	Line 20b is less than line 20c. Unless otherwise period is 3 years. Go to Part 4.	e ordered by the court, o	n the top of page 1 of this f	form, check box 3, The commitment
	[Line 20b is more than or equal to line 20c. Unlocommitment period is 5 years. Go to Part 4.	ess otherwise ordered by	the court, on the top of pa	ge 1 of this form, check box 4, The
Part 4	:	Sign Below			
В	By sig	gning here, under penalty of perjury I declare that th	e information on this stat	ement and in any attachme	ents is true and correct.
X	/s/ (Christopher W. Hollister		lannah R. Hollister	
		istopher W. Hollister ature of Debtor 1		nah R. Hollister ature of Debtor 2	
	·	April 15, 2022 MM / DD / YYYY	_	April 15, 2022 MM / DD / YYYY	
14	F v/C++	shocked 17a do NOT fill out or file Form 122C 2			

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Debtor 1 Debtor 2 Christopher W. Hollister Hannah R. Hollister

2 Hannah R. Hollister Case number (if known) 21-41300

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapte	er 7:	Liquidation	
	\$245	filing fee	
	\$78	administrative fee	
<u>+</u>	\$15	trustee surcharge	
	\$338	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 21-41300-drd7 Doc 49 Filed 05/05/22 Entered 05/05/22 16:13:09 Desc Main Document Page 49 of 54

United States Bankruptcy Court Western District of Missouri

In re	Christopher W. Hollister Hannah R. Hollister		Case No.	21-41300
		Debtor(s)	Chapter	13

VERIFICATION OF MAILING MATRIX

The above-named Debtor(s) hereby verifies that the attached list of creditors is true and correct to the best of my knowledge and includes the name and address of my ex-spouse (if any).

Date:	April 15, 2022	/s/ Christopher W. Hollister	
		Christopher W. Hollister	
		Signature of Debtor	
Date:	April 15, 2022	/s/ Hannah R. Hollister	
		Hannah R. Hollister	
		Signature of Debtor	

Acima 13907 Minuteman Dr 5th Floor Draper UT 84020

Acima Credit fka Simple 9815 S. Monroe St., Fl 4 Sandy UT 84070

Alliance Radiology c/o Central States Recovery PO Box 3130 Hutchinson KS 67504-3130

Capital One PO Box 30256 Salt Lake City UT 84130

Capital One Bank (USA), N.A by American InfoSource as agent PO Box 71083 Charlotte NC 28221-1083

Cash4Whatever 6160 N. Cicero Chicago IL 60646

Cashnet USA 175 W Jackson Blvd, Ste. 100 Chicago IL 60604-2863

Centerpoint Medical Center Resurgent Capital Services PO Box 1927 Greenville SC 29602

Chapter 7 Trustee Janice Stanton Stanton & Redlingshafer, L.L.C 104 W. 9th St., Suite 303 Kansas City MO 64105

Comenity Capital Bank/Victoria's Secret PO Box 182185 Columbus OH 43218-2125 EVANS & MULLINIX, P.A. 7225 RENNER RD, STE 200 Shawnee KS 66217

Family Support Division PO Box 2320 Jefferson City MO 65102-2320

Family Support Division PO Box 6790 Jefferson City MO 65102-6790

Jackson Drive Emergency Physicians c/o Phoenix Financial Services PO Box 361450 Indianapolis IN 46236

Jackson Drive Emergency Physicians c/o Nationwide Recovery System 501 Shelley Ste. 300 Tyler TX 75701

Jackson Drive Emergency Physicians c/o Halsted Financial Services PO Box 828 Skokie IL 60077

Jackson Drive Emergency Physicians c/o Commonwealth Finance 245 Main St Scranton PA 18519

Jackson Drive Emergency Physicians c/o Debt Recovery Solutions 6800 Jericho Turnpike, Ste 113E Syosset NY 11791

Jackson Drive Emergency Physicians c/o Americollect 1851 S. Alverno Rd. Manitowoc WI 54220

Jackson Drive Emergency Physicians c/o Transfinancial Companies PO Box 80103 Baton Rouge LA 70898 Jefferson Capital Systems LLC PO Box 7999 Saint Cloud MN 56302-9617

Jefferson Capital Systems, LLC 16 McLeland Road Saint Cloud MN 56303

Kansas Counselors Inc. PO Box 16285 Lenexa KS 66285

Kay Jewelers/DNF Associates LLC c/o Synergetic Communications, Inc. 5450 NW Cemtral. #220 Houston TX 77092-2016

Kim G. Schwartzkopf Attorney At Law 2600 Forum Blvd., Ste A Columbia MO 65203

Lindsey Belt Emergency Physicians c/o Phoenix Financial Services PO Box 361450 Indianapolis IN 46236

Missouri Department of Revenue PO Box 475 Attn: Bankruptcy Unit Jefferson City MO 65105-0475

Nebraska Furniture Mart PO Box 3000 Omaha NE 68103

Pendrick Capital Partners II, LLC Peritus Portfolio Services II, LLC PO BOX 141419 Irving TX 75014-1419

Quantum3 Group LLC as agent for CASCADE CAPITAL FUNDING LLC PO Box 788
Los Angeles CA 90083-0778

Quantum3 Group LLC as agent for Populus Financial Group Inc PO Box 788
Kirkland WA 98083-0788

Quantum3 Group LLC as agent for CASCADE CAPITAL FUNDING LLC PO Box 788
Kirkland WA 98083-0788

Quantum3 Group LLC as agent for Comenity Bank PO Box 788 Kirkland WA 98083-0788

Regional Finance 979 Batesville Rd., Ste B Greer SC 29651

Richard Ross 13309 E. 40th Terr Independence MO 64055

Speedy Cash c/o Ad Astra Recovery Services 7330 W. 33rd Street N. Wichita KS 67205

St. Mary's Medical Center PO Box 874456 Kansas City MO 64187-4456

Tower Loan of Blue Springs PO Box 127 Grain Valley MO 64029

Truman Medical Center Lakewood Patient Accounts 7300 NW Tiffany Springs Pkwy Kansas City MO 64153-1381

Unifin Inc. PO Box 4519 Skokie IL 60076-4519 Verizon by American InfoSource as Agent PO Box 4457 Houston TX 77210-4457

Verizon
Bankruptcy Administration
PO Box 3397
Bloomington IL 61702

Xfinity Mobile c/o Credit Collection Services 725 Canton Street Norwood MA 02062